



May 31, 2013

Document Processing Desk 6(a)(2)
 Office of Pesticide Programs – 7504P
 U.S. Environmental Protection Agency
 Ariel Ross Building
 1200 Pennsylvania Avenue, NW
 Washington, D.C. 20460-0001

RE: Section 6(a)(2) March Incident Filing

Dear 6(a)(2) Administrator:

On behalf of Reckitt Benckiser, Scientific & Regulatory Consultants, Inc. (SRC) is submitting the enclosed documents containing alleged adverse effect incidents for products listed below. SafetyCall is a primary gathering source for incidents, though internal reports for calls/correspondence received directly at Reckitt Benckiser are also included. SRC is acting on Reckitt Benckiser's behalf by assisting them in registration actions and their reporting requirements in accordance with FIFRA section 6(a)(2).

The EPA Registration Numbers with adverse effect incidents for this filing are:

- 777-71
- 3282-81
- 777-81
- 777-72

These incidents are being reported in compliance with 40 CFR § 159.184 and have been assigned the H-C severity classification. If additional information is needed, please feel free to contact us by e-mail (bmacdonald@srcconsultants.com or akline@srcconsultants.com) or by phone at 260-244-6270.

Sincerely,

Bob MacDonald
 Consultant (SRC)
 Agent for Reckitt Benckiser

Ann M. Kline
 Consultant (SRC)
 Agent for Reckitt Benckiser



Personal privacy information

- 002

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1	Reporter Name [REDACTED]		Submission date.	Contact person (if different than reporter)	Internal ID 1143539
Administrative Data	Address [REDACTED] Dallas, TX 75217 USA			Address	
	Phone # [REDACTED]			Phone #	
	Incident Status: New	Location and date of incident Dallas, TX USA 04/02/2013	Date registrant became aware of incident. 04/03/2013	Was incident part of larger study? No	
Row 2	EPA Registration # (Product 1) 3282-81		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)		A.I. (s)		A.I. (s)
	Product 1 name d-CON Ready Mixed Baitbits		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? No		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation solid		Formulation		Formulation
Row 3	Evidence label directions were not followed? Yes	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Own Residence			Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/formulating). See Incident Description Notes
	Intentional misuse? Yes				
	Applicator certified? UNK				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes				

REVIEWED FOR 6(a)2
DATE: 5.24.13 INITIALS: AK

Brief description of incident circumstances.

Bryan, Kyle Apr 3 2013 3:21PM
H: The caller states his brother had a seizure earlier today and the paramedics came and treated his brother. He states his brother uses illegal drugs but the reason he is calling is because his brother ingested most of the contents of one box of the product 10 hrs ago. He denies any other sxs.

R: The exposure you describe may be life threatening. Please take your brother to the emergency room stat for eval/trt and have the doctor call us if questions. Please take product container for the doctor to peruse. The antidote is Vit K1. Please cb stat 24/7 if you have any other questions or concerns. gave c# and e mail to LT, verbal alert to LT>

Yeager, Greg Apr 4 2013 10:32AM
CB complete. Brother has had no issues related to product ingestion, and is being treated for other problems. Passed on information on product to MD to call with any questions.

If any new or unexpected symptoms develop, please contact us 24/7 and refer to your reference number so that we can advise on further treatment.



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Demographic information: Age: 34 Year(s) Sex: Male Occupation (if relevant) NA	Exposure route: Ingestion/oral	Was adverse effect result of suicide/homicide or attempted suicide/homicide? Yes	Was protective clothing worn (specify)? None Reported
If female, pregnant? NA	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: Unable to determine	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ER/Hospital-Unknown disposition	List signs/symptoms/adverse effects Neurological-Seizure (single)		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1143539